



FALL ELEMENTARY SCHOOL BASKETBALL CLINIC

LOCATION OF PROGRAM / DATES & TIME

Sunday, September 29, 2013 | **St. Peter's University, 2641 Kennedy Boulevard**

Sunday, October 06, 2013 | **Hudson Catholic High School, 790 Bergen Avenue**

Sunday, October 20, 2013 | **St. Peter's Prep, 144 Grand Street**

Sunday, October 27, 2013 | **TBA**

Boys & Girls Ages: 8 - 11 | 10:00 am - 11:30 am

Boys & Girls Ages: 12 - 14 | 11:30 am - 1:00 pm



PRESENTED BY: **MAYOR STEVEN M. FULOP, THE JERSEY CITY MUNICIPAL COUNCIL AND THE DEPARTMENT OF RECREATION**



For more information, call 201 547 5003
or visit jerseycitynj.gov.

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MAYOR STEVEN M. FULOP
THE JERSEY CITY DEPT. OF HEALTH & HUMAN SERVICES
AND THE
DEPARTMENT OF RECREATION



FALL ELEMENTARY SCHOOL BASKETBALL CLINIC

PARTICIPATION FORM

Each section and this entire form must be read, completed and signed by parent/guardian before the participant is allowed to take part in any recreational programs.

Name: _____ Male: _____ Female: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Email Address: _____

Home Phone #: _____ Cell Phone #: _____

School: _____ Grade: _____ as of September 2013

Medical Conditions: _____

Name of Parent/Guardian: _____

Permission to post pictures: Yes _____ No _____

Person to Notify in Case of Emergency: _____ Phone #: _____

As determined by my physician, I am in good physical condition and I am not aware of any present or previous disease or injury that would result in my being impaired during my participation with the Jersey City Recreation Basketball School. I empower the staff to exercise reasonable care in the event of an emergency. I hereby agree to abide by the rules and regulations set forth by the Department of Recreation.

Parent/Guardian: _____

Date: _____